

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

APPLICANT(S)

09/492696

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	INO.	DEF.	INO.	DEF.	INO.	DEF.
1	/					
2		/				
3		/				
4		/				
5		/				
6	/					
7		/				
8		/				
9		/				
10	/					
11		/				
12	/					
13		/				
14	/					
15		/				
16		/				
17		/				
18		/				
19	/					
20		/				
21		/				
22		/				
23		/				
24		/				
25		/				
26		/				
27		/				
28		/				
29		/				
30		/				
31		/				
32		/				
33		/				
34		/				
35		/				
36		/				
37		/				
38		/				
39		/				
40		/				
41		/				
42		/				
43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL INO.	10					
TOTAL DEF.		10				
TOTAL	20					

	INO.		DEF.		INO.	
	INO.	DEF.	INO.	DEF.	INO.	DEF.
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL INO.						
TOTAL DEF.						
TOTAL						